



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 CFR 1.10

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited on November 26, 2003 with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing label No. EV335472220US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

November 26, 2003
Date

Signature

Re:

Inventor(s): JÜRGEN LINDOLF and FLORIAN SCHAMBERGER

Title: METHOD FOR PRODUCING AN ANTIFUSE STRUCTURE AND ANTIFUSE

Transmitted herewith is the patent application identified above, including:

- | | | | | | |
|-------------------------------------|--|---------------------------------|--|----------|-------------|
| <input checked="" type="checkbox"/> | Specification, claims and abstract | <u>13</u> | Total Pages | | |
| <input checked="" type="checkbox"/> | Drawings | <input type="checkbox"/> Formal | <input checked="" type="checkbox"/> Informal | <u>1</u> | Total Pages |
| <input checked="" type="checkbox"/> | Declaration and Power of Attorney (Unsigned) | | | | |
| <input checked="" type="checkbox"/> | Information Disclosure Statement with List | | | | |
| <input type="checkbox"/> | Assignment of the Invention to | | | | |
| <input type="checkbox"/> | Assignment Recordation Cover Sheet | | | | |

FEE CALCULATION

	NUMBER OF CLAIMS FILED	LESS NUMBER PAID BY BASIC FEE	NUMBER OF EXTRA CLAIMS (Not less than zero)	ENTITY FEE
Basic Fee				\$.00
Total Claims	20	- 20 = 0	X \$18 =	\$.00
Independent Claims	3	- 3 = 0	X \$86 =	\$.00
First Presentation of Multiple Dependent Claims			+ \$.00	-0-
Total Filing Fee Calculation				\$.00

- The Commissioner is hereby authorized to charge \$ to Deposit Account No. **A duplicate copy of this transmittal is enclosed.**
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **A duplicate copy of this transmittal is enclosed.**
- Please address all future correspondence to:
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Respectfully submitted,

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